

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13778**
Registrar's No. **3215**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Okla. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis mo		c. LENGTH OF STAY (in this place) 20 days		c. CITY OR TOWN Bartlesville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				e. STREET ADDRESS (If rural, give location) 1818 Crescent View Drive			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Clay		c. (Last) Pierce		4. DATE OF DEATH (Month) (Day) (Year) 4 - 10 - 55	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH May 10, 1903	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months 11 Days 0		IF UNDER 11 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Security Analyst		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) 0 St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Arthur Clay Pierce			13b. MOTHER'S MAIDEN NAME Irene Tewksbury			14. NAME OF HUSBAND OR WIFE Mrs. Betty Pierce	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Vet. W.W #2		16. SOCIAL SECURITY NO. none known		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Betty Pierce, Chase Hotel, Room 554			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the stomach with metastases to esophagus and regional lymph nodes				INTERVAL BETWEEN ONSET AND DEATH 10 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X			
22. I hereby certify that I attended the deceased from 3-21, 1955 , to 4-10, 1955 , that I last saw the deceased alive on 4-10, 1955 , and that death occurred at 12:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H.R. Bradley M.D.				23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 11, 1955		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 11 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		FUNDAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	

S. P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Francis William*

Licensed Embalmer No. *35*

P. O. Address *3840*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.